

County: Washington
 SAMARITAN HEALTH CENTER
 531 EAST WASHINGTON STREET
 WEST BEND 53095 Phone: (262) 335-4500
 Operated from 1/1 To 12/31 Days of Operation: 366
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/00): 228
 Total Licensed Bed Capacity (12/31/00): 228
 Number of Residents on 12/31/00: 217

Facility ID: 8030

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Ownership:
 Highest Level License:
 Operate in Conjunction with CBRF?
 Title 18 (Medicare) Certified?
 Average Daily Census:

County
 Skilled
 No
 Yes
 204

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/00)				Length of Stay (12/31/00)	
		Primary Diagnosis	%	Age Groups	%		%
Home Health Care	No					Less Than 1 Year	32.7
Supp. Home Care-Personal Care	No					1 - 4 Years	36.4
Supp. Home Care-Household Services	No	Developmental Disabilities	1.4	Under 65	3.2	More Than 4 Years	30.9
Day Services	Yes	Mental Illness (Org./Psy)	14.3	65 - 74	8.3		
Respite Care	Yes	Mental Illness (Other)	5.1	75 - 84	33.2		100.0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	44.2	*****	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.5	95 & Over	11.1	Full-Time Equivalent	
Congregate Meals	No	Cancer	0.9			Nursing Staff per 100 Residents	
Home Delivered Meals	No	Fractures	14.3		100.0	(12/31/00)	
Other Meals	No	Cardiovascular	18.0	65 & Over	96.8		
Transportation	No	Cerebrovascular	16.6			RNs	11.6
Referral Service	No	Diabetes	13.8	Sex	%	LPNs	9.9
Other Services	No	Respiratory	12.9			Nursing Assistants	
Provide Day Programming for		Other Medical Conditions	2.3	Male	28.6	Aides & Orderlies	
Mentally Ill	No			Female	71.4		24.0
Provide Day Programming for			100.0				
Developmentally Disabled	Yes				100.0		

Method of Reimbursement

Level of Care	Medi care (Title 18)			Medi caid (Title 19)			Other			Private Pay		Managed Care			Total No.	Percent Of All Residents	
	No.	%	Per Diem Rate	No.	%	Per Diem Rate	No.	%	Per Diem Rate	No.	%	Per Diem Rate	No.	%			Per Diem Rate
Int. Skilled Care	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	1	1.4	\$169.00	0	0.0	\$0.00	1	0.5%
Skilled Care	10	100.0	\$222.00	123	91.8	\$108.82	0	0.0	\$0.00	70	95.9	\$146.00	0	0.0	\$0.00	203	93.5%
Intermediate	---	---	---	8	6.0	\$89.27	0	0.0	\$0.00	2	2.7	\$134.00	0	0.0	\$0.00	10	4.6%
Limited Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Disabled	---	---	---	3	2.2	\$164.19	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	3	1.4%
Traumatic Brain Inj.	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Dependent	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	10	100.0		134	100.0		0	0.0		73	100.0		0	0.0		217	100.0%

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00				
Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	12.6	Bathing	2.8	81.1	16.1	217
Private Home/With Home Health	0.0	Dressing	12.9	69.1	18.0	217
Other Nursing Homes	16.0	Transferring	21.7	57.6	20.7	217
Acute Care Hospitals	65.5	Toilet Use	18.0	59.0	23.0	217
Psych. Hosp. -MR/DD Facilities	0.0	Eating	71.0	18.4	10.6	217
Rehabilitation Hospitals	0.0	*****				
Other Locations	5.9	Continence				
Total Number of Admissions	119	Indwelling Or External Catheter	8.3	Special Treatments		%
Percent Discharges To:		Occ/Freq. Incontinent of Bladder	57.6	Receiving Respiratory Care		6.5
Private Home/No Home Health	6.3	Occ/Freq. Incontinent of Bowel	50.7	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	5.2			Receiving Suctioning		0.0
Other Nursing Homes	6.3	Mobility		Receiving Ostomy Care		1.4
Acute Care Hospitals	1.0	Physically Restrained	0.9	Receiving Tube Feeding		2.8
Psych. Hosp. -MR/DD Facilities	0.0			Receiving Mechanically Altered Diets		23.0
Rehabilitation Hospitals	0.0	Skin Care		Other Resident Characteristics		
Other Locations	5.2	With Pressure Sores	6.9	Have Advance Directives		96.8
Deaths	76.0	With Rashes	1.8	Medications		
Total Number of Discharges				Receiving Psychoactive Drugs		49.8
(Including Deaths)	96			*****		

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

	Ownership:			Bed Size:		Licensure:		All	
	This Facility	Peer Group	Ratio	200+	Ratio	Peer Group	Ratio	Facilities	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	89.5	92.1	0.97	80.3	1.11	81.9	1.09	84.5	1.06
Current Residents from In-County	84.8	83.2	1.02	84.7	1.00	85.6	0.99	77.5	1.09
Admissions from In-County, Still Residing	50.4	51.2	0.98	28.9	1.75	23.4	2.15	21.5	2.34
Admissions/Average Daily Census	58.3	50.5	1.16	96.3	0.61	138.2	0.42	124.3	0.47
Discharges/Average Daily Census	47.1	41.7	1.13	100.6	0.47	139.8	0.34	126.1	0.37
Discharges To Private Residence/Average Daily Census	5.4	6.5	0.83	26.4	0.20	48.1	0.11	49.9	0.11
Residents Receiving Skilled Care	94.0	90.1	1.04	88.4	1.06	89.7	1.05	83.3	1.13
Residents Aged 65 and Older	96.8	95.2	1.02	90.4	1.07	92.1	1.05	87.7	1.10
Title 19 (Medicaid) Funded Residents	61.8	65.9	0.94	73.5	0.84	65.5	0.94	69.0	0.90
Private Pay Funded Residents	33.6	29.3	1.15	18.7	1.80	24.5	1.38	22.6	1.49
Developmentally Disabled Residents	1.4	1.0	1.44	1.2	1.13	0.9	1.55	7.6	0.18
Mentally Ill Residents	19.4	34.4	0.56	33.1	0.59	31.5	0.62	33.3	0.58
General Medical Service Residents	2.3	12.7	0.18	20.6	0.11	21.6	0.11	18.4	0.13
Impaired ADL (Mean)	46.3	45.9	1.01	52.0	0.89	50.5	0.92	49.4	0.94
Psychological Problems	49.8	51.9	0.96	49.4	1.01	49.2	1.01	50.1	0.99
Nursing Care Required (Mean)	5.3	5.9	0.89	6.8	0.78	7.0	0.75	7.2	0.74